



et al., v. RAYBESTOS-MANHATTAN, et al.

Case No. SFSC 998956 (WD)

EXHIBIT A

EMPLOYERS/JOB SITES OF DECEDENT

1. MARINE ELECTRIC CO., San Francisco, CA

Dates: 1956-1970

Title: Electrician; Shop Foreman

Duties: Decedent's duties included, but were not limited to rewiring motors, stripping and repairing armatures, manufacturing carbon brushes, and replacing parts on commercial food equipment (restaurant equipment). Discovery and investigation are continuing.

Job Sites: Decedent spent most of his time in the shop; however, he did perform repairs aboard ships at various piers in San Francisco, Alameda Naval Air Force Station, and aboard ships docked at the Standard Oil Refinery in Richmond and at the C&H Sugar Refinery in Crockett. Discovery and investigation are continuing.

Asbestos-Containing Materials: Including, but not limited to, asbestos insulation on motor windings, armature electrical coils, asbestos sheets, asbestos tape, asbestos paper. Discovery and investigation are continuing.

Decedent had significant exposure to asbestos dust and fibers from work performed by other trades aboard the ships he was on. The following are manufacturers of asbestos-containing materials including, but not limited to:

Manufacturers of Asbestos-Containing Materials: Including, but not limited to Anchor Packing, Pittsburg Corning, Quintec, SB Decking, American Asbestos, Rapid American, Armstrong World Industries, HK Porter Cement, Flintkote, GAF, Garlock, Atlas, AP Green, Flexitallic, Foster Wheeler, General Refractories, Harbison Walker, KAAC, Johns Mansville, US Gypsum, Baldwin-Ehret Hill, Eagle Picher Industries, Amatex, Keene Corp., Owens-Illinois. Discovery and investigation are continuing.

Discovery and investigation are continuing as to manufacturers of asbestos-containing insulation for wires, cables, electrical coils, and any other asbestos-containing insulation used in the electrical trade.

Co-Workers: Including but not limited to Charles Lindsay, Ron Munz, and Bob Cruz Wheeler.

Trades: Discovery and investigation are continuing.

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2. DAHL-BECK ELECTRIC, 580 Howard, San Francisco, CA

Dates: 1971-1985

Title: Electrician and Marine Electrician

Duties: Rewiring motors, stripping and repairing armatures, repairing food equipment aboard ships and repairing restaurant food equipment (i.e., ranges). To rewire motors, decedent would have to remove the old windings which were insulated with asbestos. To perform repair on armatures, decedent would have to burn off the asbestos insulation with a torch. Decedent was a qualified electrician, and while aboard ships he would often perform electrical repair in all parts of a ship, which included removal of old wire asbestos insulation and replacement, pulling cable through various compartments which involved penetrating bulkheads. Decedent also serviced ranges and other food equipment in the galley. Decedent rewired motors on generators, winches, cranes, ship pumps, and elevators.

For approximately 2 years (1975-1977), decedent specialized in servicing commercial food equipment in restaurants, and specialized in servicing ranges manufactured by General Electric Hot Point. During this time, Dahl-Beck Electric had a contract with General Electric to service their commercial food equipment under warranty. The commercial food equipment that decedent serviced included ranges, stoves, ovens, deep fryers, vent hoods, grills, toasters, and garbage disposals. Decedent removed and replaced terminal boards in ranges which were made out of asbestos sheets. Dahl-Beck purchased asbestos sheets that decedent used to make new terminal boards for ranges that he serviced. Decedent had a fully equipped van to service the restaurant food equipment at the job site.

Job Sites: Decedent performed work at the following shipyards, including but not limited to:

Bethlehem SF, Hunters Point, Todd Alameda, Triple A, Alameda Naval Air Station, Port Chicago, Port of Oakland.

Decedent performed work for the following ship companies in the Bay Area, including but not limited to:

Matson Navigation, American President Lines, Pacific Far East Lines, Pacific Ship Repair, States Lines, American Export, US States Lines, Sealand, and Prudential Lines. Decedent also worked aboard ships at various shipyards for contract work with Frost Electric and West Wind.

Decedent also performed his work on ships docked at C&H Sugar Refinery in Crockett, Standard Oil in Richmond, and Exxon in Benecia.

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Decedent serviced commercial food equipment in restaurants throughout the Bay Area, including, but not limited to: Yetwah Restaurant, 2140 Clement Street, SF; New Asia (fka Asia Gardens), 772 Pacific, SF; and The Fish Market, 3295 El Camino Real, Palo Alto.

Ships:

Decedent performed repairs aboard many ships during the course of his employment with Dahl-Beck Electric. The following is a partial list of ships on which decedent performed repairs in the Bay Area. Discovery and investigation are continuing:

Alameda Naval Air Station: Enterprise, Carl Vinson, Coral Sea, Oriskany, Ranger II, Wabash, Neptune, White Plains.

American President Lines: President Buchanan, President Arthur, President Adams, President Coolidge, President Fillmore, President Garfield, President Grant, President Harding, President Harrison, President Hayes, President Hoover, President Jackson, President Jefferson, President Johnson, President Tyler, President Wilson, President Lincoln, President Cleveland, President Roosevelt, President Monroe, President Pierce, President McKinley, President Madison, President Taft, President Taylor, President Van Buren, Southwestern Victory, American Mail, Philippine Mail, Japan Mail, Washington Mail, Canada Mail, Brazil Victory, Bucknell Victory, Dartmouth Victory, Del Valley, Hoosier Mariner.

Matson Navigation (Pier 36): Island Princess, Mariposa, Monterey, Lurline, Californian, Hawaiian, Matsonia, Sierra, Transonida, Ventura, Alameda, Coast Progress, Sonoma.

Pacific Far East Lines (Pier 42): Alaska Bear, Contest, High Flyer, Indian Bear, Lanikai, Pacific Bear, Golden Bear, Korea Bear, California Bear, Hawaii Bear, Oregon Bear, Guam Bear, Hong Kong Bear, India Bear, Japan Bear, Canada Bear, Philippine Bear, Thailand Bear, Sioux Falls Victory, Swarthmore Victory, Radcliff Victory, Santa Venetia, Sea Fair, Contest, Fleetwood, Flying Dragon, Golden Mariner, Keystone Mariner, Old Colony Mariner, Tar Heel Mariner, Leilani, Thomas Cuffe, Wm. Luckenbach.

Prudential Lines (Grace Lines): Prudential Sea Jet, Santa Adela, Santa Alicia, Santa Ana, Santa Anita, Santa Cruz, Santa Eliana, Santa Fe, Santa Flavia, Santa Inez, Santa Juana, Santa Juanita, Santa Leonor, Santa Magdalena, Santa Malta, Santa Maria, Santa Mariana, Santa Mariani, Santa Mercedes, Santa Monica, Santa Regina, Santa Victoria.

C&H Sugar Refinery Ships: Decedent performed work on one or more of the following ships: Manukai, Moku Pahu, Hawaiian

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Merchant, Hawaiian Lumberman, Hawaiian Queen, Hawaiian Monarch. Decedent spent 2-3 weeks repairing a generator after it had caught fire on one of the ships.

Standard Oil: HD Collier, Hilger Brown, Chevron Mississippi, Nevada Standard, Arizona Standard, Battle Creek, FS Bryant, Fort Mims, Hawaiian Standard, Idaho Falls, Idaho Standard, JH MacGarigill, JH Tuttle, JL Hanna, Lombardi, ME Lombardi, Oregon Standard, RC Stoner, Utah Standard, WH Berg, Washington Standard.

The following is a list of miscellaneous list of ships on which decedent performed repairs. Discovery and investigation are continuing.

Bon Homme Richard, SO Bland, Chicago, Hornet, Hancock, Samuel Gompers, Houston, Baltimore, Pittsburg, Trenton, Wichita, Kansas City, Dutton, Vanguard, Whippoorwill, Pigeon, Flint, Excel, Tyson Lykes, Arnold, Peoria, Wheeling, Ciudad De Calle, Chauvenet, Wheeling, Silas Bent, Comanche, Kingsport, Flyer, San Pedro, St. Louis, Long Beach, Rose City, Oakland, San Juan, Joseph D. Potts.

In the early 1970's, decedent was performing repairs aboard the Joseph D. Potts at the Bethlehem Shipyard in San Francisco, when there was an explosion on the ship. Discovery and investigation are continuing.

In 1970, decedent was performing repairs aboard the Japan Bear at the Alameda Reefer Dock when there was a fire on the ship. Decedent and other Dahl-Beck workers had to pull all the cable on the ship.

Asbestos-Containing Materials:

Motors: Windings insulated with asbestos and electrical coils (in the armatures) insulated with asbestos. Decedent performed work on the motors manufactured by the following: Crocker Willard, Alliance, Alice Chamblers, Seamans.

Ranges: Removal and replacement of asbestos sheets for use as terminal boards. Majority of the ranges were manufactured by General Electric Hot Point.

Wire/Cable: While aboard ships, decedent also performed repair on wiring and cable insulated with asbestos. Decedent pulled cables which involved penetrating bulkheads, thereby exposing him to asbestos dust and fibers from the bulkheads. Discovery and investigation are continuing.

Decedent had significant exposure to asbestos dust and fibers from work performed by other trades aboard the ships he was on.

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The following are manufacturers of asbestos-containing materials including, but not limited to:

Manufacturers of Asbestos-Containing Materials: Including, but not limited to Anchor Packing, Pittsburg Corning, Quintec, SB Decking, American Asbestos, Rapid American, Armstrong World Industries, HK Porter Cement, Flintkote, GAF, Garlock, Atlas, AP Green, Flexitallic, Foster Wheeler, General Refractories, Harbison Walker, KAAC, Johns Mansville, US Gypsum, Baldwin-Ehret Hill, Eagle Picher Industries, Amatex, Keene Corp., Owens-Illinois. Discovery and investigation are continuing.

Discovery and investigation are continuing as to manufacturers of asbestos-containing insulation for wires, cables, electrical coils, and any other asbestos-containing insulation used in the electrical trade.

Distributors of Asbestos-Containing Materials: Including, but not limited to Douglas Insulation. Discovery and investigation are continuing.

Trades: Including, but not limited to Triple A Machine Shop, Dee Engineering, Western MacArthur, Plant Insulation, OCF, Thorpe Insulation, General Engineering. Discovery and investigation are continuing.

Co-Workers: Including, but not limited to Jim Stangland, Charlie Koffler, Henry Sass, Glen Germeshausen, Bob Wheeler, Archie Inman, Bob Powell, Ken Manley, John Hernandez. Discovery and investigation are continuing.

**3. CITY & COUNTY OF SF
Parking & Traffic Div., San Francisco, CA**

Dates: 1985-1997
Title: Electrician

Duties: Maintenance and installation of traffic signals. Decedent removed transite conduit and wire insulation when repairing the master cable. He would have to chop off the transite conduit and replaced the conduit insulation with PVC. Discovery and investigation are continuing.

Job Sites: Decedent worked in almost all intersections of San Francisco; discovery and investigation are continuing to obtain specific job sites. On information and belief, decedent worked at well over 500 sites. Three major sites where the decedent worked are the area running along Guerrero Street in the Mission District, Franklin Street, and the Great Highway.

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Other Trades: Discovery and investigation are continuing.

Co-Workers: Including but not limited to George Basley and Joe Pond. Discovery and investigation are continuing.

Asbestos-Containing Materials: Including but not limited to transite conduit, wire insulation. Discovery and investigation are continuing.

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EXHIBIT B

See Attached.



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EXHIBIT C

This response contains the most responsive information that plaintiff and counsel have. Plaintiff has limited knowledge of her husband's work history, and due to the complex nature of the specific product identification discovery and investigation are continuing.

Decedent was not provided protection from breathing airborne asbestos dust and fibers, nor was he provided information as to the hazards of breathing airborne asbestos dust and fibers during the course of his employment. Further, decedent was not provided information as to the hazards of breathing asbestos dust and fibers.

Discovery and investigation are continuing.



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EXHIBIT D

During his employment, plaintiff was exposed to asbestos-containing materials other than those he personally installed, removed, disturbed, or handled. He worked in close proximity to ladders, pipefitters, welders, riggers, boilermakers, mechanics, and others. Each of these trades was involved in installing, removing, disturbing, or handling asbestos. It was common for all of these trades to be working in close proximity depending on the stage of the work they were involved in. Safety precautions were not taken by decedent's employer, union, or employee association, to protect him from breathing airborne asbestos dust and fibers. Discovery and investigation are continuing.

Decedent's was exposed to airborne asbestos dust and fibers aboard ships where he performed electrical repairs in all areas that contained electrical wiring, which involved removing asbestos insulation from wiring and cable and disturbing asbestos insulation in various parts of the ship including pipe insulation. Decedent's work also involved exposure to airborne asbestos dust and fibers in the galley where work was performed by others and where he performed repairs on food equipment, i.e., ranges. Decedent was also exposed to asbestos generated by the work performed by other workers who, as a part of their task, sawed off pipe insulation in close proximity to decedent, thereby exposing decedent to extensive airborne asbestos dust and fibers.

Discovery and investigation are continuing.

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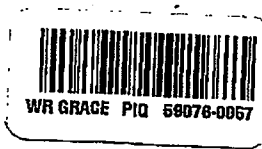


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EXHIBIT E

Investigation and discovery are continuing as to depositions of any of the individuals identified in response to interrogatory number one (1) and the circumstances surrounding such depositions. This matter is a topic of ongoing research. Plaintiff reserves the right to supplement this response with subsequently discovered information, including the names of any other witnesses not yet identified. Discovery and investigation are continuing.

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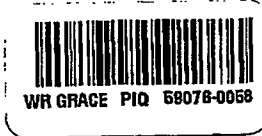


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EXHIBIT F

Plaintiff objects to this interrogatory on the grounds that it is overbroad, burdensome and harassing and that it is cumulative of information already provided by plaintiff in Plaintiff's Answers to Standard Interrogatories Propounded by Defendants Set 1. Plaintiff is currently unaware of any other relevant, non-privileged documents responsive to this request that have not already been provided to defendants or that are not equally available to defendants through their own investigation.

Plaintiff reserves the right to supplement this response with subsequently discovered information as any such information is discovered.



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V. RAYBESTOS-MANHATTAN

Case No. 999168

EXHIBIT G

Plaintiff has expended a great deal of energy to provide complete and straightforward responses to each and every part and subpart of this interrogatory. Due to the complex nature of specifying each and every contractor/vendor dating back several decades, there may be details that the plaintiff cannot remember and/or cannot be obtained. However, this response contains the most responsive information that plaintiff and/or counsel have to date.

Proper safety precautions were not taken by decedent's employer, union, or employee association, to protect him from breathing airborne dust and fibers.

Discovery and investigation are continuing.



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 Philip A. Harley, Esq. (State Bar No. 147407)
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 Berkeley, California 94710
 Telephone: (510) 559-9980
 Facsimile: (510) 559-9970

Attorneys for Claimant

IN THE UNITED STATES DISTRICT COURT
 FOR THE NORTHERN DISTRICT OF DELAWARE

In Re:) Case No. 01-1139-JKF
W.R. GRACE & CO., et al.) Chapter 11
Debtors.) CLAIMANTS' RESPONSES AND
) OBJECTIONS TO DEBTORS'
) STANDARD QUESTIONNAIRE

, by and through his/her attorneys of record, PAUL,
 HANLEY & HARLEY, LLP, hereby responds with supplemental information and objections to
 W.R. GRACE & CO.'s Asbestos Personal Injury Questionnaire:

Part II/ 2, 4, 5, 6 & 7:

The injured party, , was seen by numerous physicians for Asbestosis.
 Claimant presumes that all physicians were paid in the ordinary course by the injured party/
 claimant(s), an insurance plan and/ or government program; however such information is not
 readily available. Claimant contends that such a review would be overly burdensome and
 require unfair and unnecessary expenditure of investigative time, preparation and cost to
 substantiate a further response to which would be of no use in any event. Claimant refers debtor

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1 to the interrogatory responses and medical records pertaining to the injured party for additional
2 information.

3 **Part III:**

4 Claimant contends that it is irrelevant whether the injured party was exposed to asbestos-
5 containing product manufactured or sold by W.R. Grace at more than one work site. Exposure at
6 one such site is sufficient for purposes of a claim, and any additionally requested identification is
7 immaterial and irrelevant. For the purposes of this questionnaire, claimant's counsel has not
8 reviewed or further investigated information related to exposure at any additional work sites.
9 Claimant's counsel contends that such a review would be overly burdensome and require unfair
10 and unnecessary expenditure of investigative time, preparation and cost. Moreover, W.R.
11 Grace's liability to claimant is determined by California substantive tort law, which does not
12 require any exposure to a defendant's product or direct conduct. As pled in the underlying
13 complaint herein, claimant alleges that defendant W.R. Grace acted in concert with others and
14 conspired to, inter alia, suppress knowledge of the dangers of asbestos and the risks of exposure
15 thereto, which is a sufficient basis for the imposition of liability.

16 **Part V:**

17 Claimant declines to provide information responsive to this part on the grounds that it is
18 wholly irrelevant and immaterial to the claim made upon this debtor. Further, providing such
19 information is overly burdensome, is invasive of attorney-client and attorney work-product
20 privileges, and privacy rights. Claimant's counsel contends that to provide such information
21 would be overly burdensome and require unfair and unnecessary expenditure of investigative
22 time, preparation and cost.

23 **Part VI:**

24 Claimant's work history is thoroughly detailed in the provided "Joint Defense"
25 Interrogatories. Claimant declines to provide additional information responsive to this part with
26 respect to all other occupational work history of the injured party on the grounds that it is wholly
27 irrelevant and immaterial to the claim made upon this debtor. Further, providing such
28 information is overly burdensome, is invasive of attorney-client and attorney work-product

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1 privileges, and privacy rights. The injured party, , worked for numerous
 2 employers, all of which, except as provided, is irrelevant to the claim for injuries sustained as the
 3 result of exposure to debtor's asbestos-containing products. Claimant's counsel contends that to
 4 provide such information would be overly burdensome and require unfair and unnecessary
 5 expenditure of investigative time, preparation and cost.

6 **Part VII, a, 4:**

7 Claimant declines to provide information responsive to this part on the grounds that it is
 8 wholly irrelevant and immaterial to the claim made upon the debtor. Further, providing such
 9 information is overly burdensome, is invasive of attorney-client and attorney work-product
 10 privileges, and privacy rights. Claimant's counsel contends that to provide such information
 11 would be overly burdensome and require unfair and unnecessary expenditure of investigative
 12 time, preparation and cost. Claimant's counsel refers debtor to San Francisco County Superior
 13 Court file for this matter for the information requested.

14 **Part VII, a, 4 and 6:**

15 Claimant declines to respond to provide information responsive to this part on the
 16 grounds that the information sought is irrelevant and immaterial to the claim made upon this
 17 debtor. The questionnaire seeks information relating to the plaintiff's settlements with entities
 18 that are no longer a party to claimant's action. The responses to these questions are protected by
 19 the right of privacy under *Hinshaw, Winkler, Draa, Marsh & Still v. Superior Court* (1996) 51
 20 Cal.App. 4th 233. Further, providing such information would on its face be a violation of
 21 binding confidentiality agreement(s), is overly burdensome, is invasive of attorney-client,
 22 settlement and attorney work-privileges, and an invasion of privacy rights.

23 **Part VII, b, 2-7:**

24 Claimant has responded to sub-part (1) only. Claimant declines to respond to sub-
 25 parts (2) through (7) on the grounds that the information sought is irrelevant and immaterial to
 26 the claim made upon this debtor. Further, providing such information is overly burdensome, is
 27 invasive of attorney-client, settlement and attorney work-privileges, and an invasion of privacy
 28 rights.



1 **Part IX:**

2 Claimant has provided the caption pages for all deposition transcripts taken of
3 testimony given by plaintiffs in either the personal injury or wrongful death actions. Claimant
4 has not provided full transcripts pursuant to the standard custom, practice and policy in
5 California State Court litigation, which prohibit parties from circulating or otherwise reproducing
6 official deposition transcripts, the contents of which are the property of the Certified Court
7 Reporter identified in the caption page, from whom copies may be purchased.

8 **Part X:**

9 Only claimant's counsel has signed this questionnaire, as he is authorized to do on
10 behalf of claimant. The process of obtaining claimant signatures for this questionnaire is
11 impractical, unnecessary, overly time consuming and burdensome.

12 DATED: July 11, 2006

13 PAUL HANLEY & HARLEY LLP

14 By:  _____

15 J. Rae Lovko,
16 Attorneys for Claimant



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JODIE BRYANT 510-559-9980 PAUL HANLEY HARLEY LLP 1608 FOURTH STREET, SUITE 300 BERKELEY CA 94710		8 LBS	1 OF 1
SHIP TO: RE: W.R. GRACE & CO. BANKRUPTCY RUST CONSULTING 201 LYNDAL AVE S FARIBAULT MN 55021-5799			
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Client Code: 998		 TM	
CS 8.5.19.0 W001E60 54-0A 04/2006			

W. R. Grace Asbestos Personal Injury Questionnaire



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RE:

Early, Ludwick & Sweeney, L L C
One Century Tower, 11th Floor
265 Church Street
PO Box 1866
New Haven CT 06508

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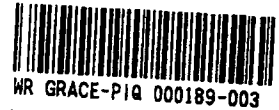


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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE



In re:) Chapter 11
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
Debtors.) Jointly Administered
)
)
)

W. R. Grace
- Asbestos Personal Injury
Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

INSTRUCTIONS**A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will **not** be accepted and will **not** be deemed filed.
Do **not** send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I – Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II – Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

**D. PART III – Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |

E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to asbestos-containing products through contact/proximity with another injured person. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part IV for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V – Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI – Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII – Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII – Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX – Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X – Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL

WR GRACE-PIQ 000189-007

a. GENERAL INFORMATION

1. Name of Claimant: _____ Last _____ 2. Gender: ☒ Male ☐ Female
3. Race: **REDACTED** s): _____ ☐ White/Caucasian
☐ African American
☒ Other - unknown
4. Last Four Digits of Social Security Number: _____ 5. Birth Date: ____/____/____
6. Mailing Address: _____
Address City State/Province Zip/Postal Code
7. Daytime Telephone Number: _____ (____) _____

b. LAWYER'S NAME AND FIRM

1. Name of Lawyer: BRIAN KUNNEY EARLY, LUDWICK, SWEENEY & STRAUSS
An Association of Professional L.L.C.s
2. Name of Law Firm With Which Lawyer is Affiliated: _____ EARLY, LUDWICK & SWEENEY L.L.C.
One Century Tower, 11th Floor
265 Church Street/P.O. Box 1866
New Haven, Connecticut 06508-1866
3. Mailing Address of Firm: _____
Address City State/Province Zip/Postal Code
4. Law Firm's Telephone Number or Lawyer's Direct Line: _____ (203) 777-7799
- ☒ Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

c. CAUSE OF DEATH (IF APPLICABLE)

1. Is the injured person living or deceased? ☒ Living ☐ Deceased
If deceased, date of death: ____/____/____
2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:
Primary Cause of Death (as stated in the Death Certificate): _____
Contributing Cause of Death (as stated in the Death Certificate): _____

PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

- ☐ Asbestos-Related Lung Cancer ☐ Mesothelioma
☒ Asbestosis ☐ Other Cancer (cancer not related to lung cancer or mesothelioma)
☐ Other Asbestos Disease ☐ Clinically Severe Asbestosis

a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- ☐ diagnosis from a pathologist certified by the American Board of Pathology
☐ diagnosis from a second pathologist certified by the American Board of Pathology
☐ diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were lung cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- ☐ other (please specify): _____

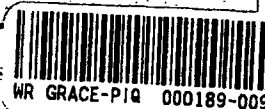
c. **Other Cancer:**

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- ☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
- ☐ other, please specify: _____

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- ☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

- d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☐ other (please specify): _____

- e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☒ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

- f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or those above, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading other than those described above
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- ☐ other (please specify): _____

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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



2. Information Regarding Diagnosis

Date of Diagnosis: 06/27/1995

Diagnosing Doctor's Name: R. Than Myint

Diagnosing Doctor's Specialty: B-Reader

Diagnosing Doctor's Mailing Address: P.O. Box 15551

Address

City

State/Province

Zip/Postal Code

Diagnosing Doctor's Daytime Telephone Number: (813) 985-1435

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? ☐ Yes ☒ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: advanced by attorney - reimbursed by client

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? ☐ Yes ☒ NoWas the diagnosing doctor referred to you by counsel? ☒ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your legal counsel? ☐ Yes ☐ No

If yes, please explain: unknown

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? ☒ unknown ☐ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? ☒ unknown ☐ Yes ☐ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? ☒ unknown ☐ Yes ☐ NoDid the diagnosing doctor perform a physical examination? ☐ Yes ☒ NoDo you currently use tobacco products? ☐ Yes ☒ NoHave you ever used tobacco products? ☒ Yes ☐ No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

☒ Cigarettes Packs Per Day (half pack = .5) 0.75 Start Year 1978 End Year 1986☐ Cigars Cigars Per Day _____ Start Year _____ End Year _____☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____

Amount Per Day _____ Start Year _____ End Year _____

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ☐ Yes ☒ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☐ Other: _____

Address where chest x-ray taken: _____

Address

City

State/Province

Zip/Postal Code

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

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4. Information Regarding Chest X-Ray ReadingDate of Reading: 06/27/1995ILO score: 4Name of Reader: R. Than MyintReader's Daytime Telephone Number: (813) 885-1435Reader's Mailing Address: P.O. Box 15551

Address

Tampa, FL 33684

City

State/Province

Zip/Postal Code

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed? ☒ Yes ☐ NoIf yes, please indicate who paid for the services performed: advanced by attorney / reimbursed by clientDid you retain counsel in order to receive any of the services performed by the reader? ☐ Yes ☒ NoWas the reader referred to you by counsel? ☒ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? ☐ Yes ☐ NoIf yes, please explain: = Unknown

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

☒ Yes ☐ No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

5. Information Regarding Pulmonary Function Test: _____ Date of Test: ____/____/____

List your height in feet and inches when test given: _____ ft _____ inches

List your weight in pounds when test given: _____ lbs

Total Lung Capacity (TLC): _____ % of predicted

Forced Vital Capacity (FVC): _____ % of predicted

FEV1/FVC Ratio: _____ % of predicted

Name of Doctor Performing Test (if applicable): _____

Doctor's Specialty: _____

Name of Clinician Performing Test (if applicable): _____

Testing Doctor or Clinician's Mailing Address: _____

Address

City

State/Province

Zip/Postal Code

Testing Doctor or Clinician's Daytime Telephone Number: _____ (____) _____

Name of Doctor Interpreting Test: _____

Doctor's Specialty: _____

Interpreting Doctor's Mailing Address: _____

Address

City

State/Province

Zip/Postal Code

Interpreting Doctor's Daytime Telephone Number: _____ (____) _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? ☐ Yes ☐ No

Was the testing doctor and/or clinician paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed:

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? .. ☐ Yes ☐ No

Was the testing doctor or clinician referred to you by counsel? ☐ Yes ☐ No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? ☐ Yes ☐ No

If yes, please explain:

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? ☐ Yes ☐ No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed:

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☐ No

Was the doctor referred to you by counsel? ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? ☐ Yes ☐ No

If yes, please explain:

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? ☐ Yes ☐ No

6. Information Regarding Pathology Reports:

Date of Pathology Report: / /

Findings:

Name of Doctor Issuing Report:

Doctor's Specialty:

Doctor's Mailing Address:
Address

City State/Province Zip/Postal Code

Doctor's Daytime Telephone Number: (.....) -

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed:

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☐ No

Was the doctor referred to you by counsel? ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? ☐ Yes ☐ No

If yes, please explain:

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

..... ☐ Yes ☐ No

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



7. With respect to the condition alleged, have you received medical treatment from a doctor? ☐ Yes ☒ No

If yes, please complete the following:

Name of Treating Doctor: _____

Treating Doctor's Specialty: _____

Treating Doctor's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Treating Doctor's Daytime Telephone number: _____ (____) _____ - _____

Was the doctor paid for the services that he/she performed? ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☐ No

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PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
 (b) A worker who personally removed or cut Grace asbestos-containing products
 (c) A worker who personally installed Grace asbestos-containing products
 (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (f) If other, please specify.

Site of Exposure:

Site Name:

Raybestos-Manhattan

Location:

Stratford, CT

Site Type:

☐ Residence☒ Business

Site Owner:

Raymark Industries

Employer During Exposure: Raymark Industries Unions of which you were a member during your employment:

Job Description:	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code (If Code 99, specify)	Industry Code (If Code 11A, specify)	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Job 1 Description:	Zone 1-1E High temperature	Co-worker	1978-1982	03	117	Yes/close	D
Job 2 Description:	Zone 1-1E man-hole MK3	Co-worker	1979-1982	03	117	Yes/close	D
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							



PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

WR GRACE-PIQ 000189-016

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through another injured person? ☐ Yes ☒ No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____ / ____ / ____

3. What is your Relationship to Other Injured Person: ☐ Spouse ☐ Child ☐ Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: ____ / ____ / ____ To: ____ / ____ / ____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? ☐ Yes ☐ No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: ____ / ____ / ____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: ____ / ____ / ____ To: ____ / ____ / ____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

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PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Party Against which Lawsuit or Claim was Filed:

Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code <i>If Code S9, specify.</i>	Industry Code <i>If Code I18, specify.</i>	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? <i>If Yes, please indicate your regular proximity to such areas</i>	Nature of Exposure
Site of Exposure 1 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
Site of Exposure 2 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
Site of Exposure 3 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				

OBJECTION: SEE ATTACHED



PART VI: EMPLOYMENT HISTORY

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industries including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____

Address

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____

Address

OBJECTION: SEE ATTACHED

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____

Address

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

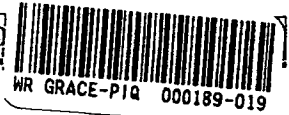
Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____

Address

City _____ State/Province _____ Zip/Postal Code _____

PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR



a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? ☒ Yes ☐ No
 If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.

Caption:

2. Please provide the name for the lawsuit you filed:
 VS. ASBESTOS CORPORATION
 LIMITED, ET AL
 Case #: BA2-96-0334068S File Date: 06/20/96

Caption: _____

Case Number: _____

File Date: ____/____/____

Court Name: Superior Court of Fairfield at Bridgeport

3. Was Grace a defendant in the lawsuit? ☒ Yes ☐ No
 4. Was the lawsuit dismissed against any defendant? ☐ Yes ☐ No
 If yes, please provide the basis for dismissal of the lawsuit against each defendant:

5. Has a judgment or verdict been entered? ☐ Yes ☐ No
 If yes, please indicate verdict amount for each defendant(s): _____

6. Was a settlement agreement reached in this lawsuit? ☐ Yes ☐ No
 If yes and the settlement was reached on or after April 2, 2001, please indicate the following:

a. Settlement amount for each defendant: _____

b. Applicable defendants: _____

OBJECTION: A (4-7)

c. Disease or condition alleged: _____

SEE ATTACHED

d. Disease or condition settled (if different than disease or condition alleged): _____

7. Were you deposed in this lawsuit? ☐ Yes ☐ No
 If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? ☒ Yes ☐ No
 If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.

2. Date the claim was submitted: ____/____/____

3. Person or entity against whom the claim was submitted: _____

4. Description of claim: _____

OBJECTION: B (2-7)

5. Was claim settled? ☐ Yes ☐ No

SEE ATTACHED

6. Please indicate settlement amount: \$ _____

7. Was the claim dismissed or otherwise disallowed or not honored? ☐ Yes ☐ No
 If yes, provide the basis for dismissal of the claim: _____

REDACTED

PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSON

Name of Dependent or Related Person: _____

Gender: ☐ Male ☒ Female

Last Four Digits of Social Security Number: _____

REDACTED

Financially Dependent: _____

☒ Yes ☐ NoRelationship to Injured Party: ☒ Spouse ☐ Child ☐ Other If other, please specify: _____

Mailing Address: _____

Address

City

State/Province

Zip/Postal Code

Daytime Telephone number: _____ (____) _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies:

- ☐ Medical records and/or report containing a diagnosis
☐ Lung function test results
☐ Lung function test interpretations
☐ Pathology reports
☒ Supporting documentation of exposure to Grace asbestos-containing products
☐ Supporting documentation of other asbestos exposure

- ☐ X-rays
☒ X-ray reports/interpretations
☐ CT scans
☐ CT scan reports/interpretations
☐ Depositions from lawsuits indicated in Part VII of this Questionnaire
☐ Death Certification

Originals:

- ☐ Medical records and/or report containing a diagnosis
☐ Lung function test results
☐ Lung function test interpretations
☐ Pathology reports
☐ Supporting documentation of exposure to Grace asbestos-containing products

- ☐ Supporting documentation of other asbestos exposure
☐ X-rays
☐ X-ray reports/interpretations
☐ CT scans
☐ CT scan reports/interpretations
☐ Death Certification

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
TO BE COMPLETED BY THE INJURED PERSON.

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: Brian KenneyDate: 12/06/2005Please Print Name: Brian Kenney**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: Brian KenneyDate: 12/06/2005Please Print Name: Brian Kenney

R. THAN MYINT, M.D., D.I.H., F.A.C.O.M.
5071 SAVARESE CIRCLE
P.O. BOX 15551
TAMPA, FL 33684
Phone 813 885-1435



RE: REDACTED
SS #
DOB

ASBESTOS EXPOSURE:

Occupation Raymark Plantworker
Year began 1978
Year ended 1983

To Whom It May Concern:

I am a physician licensed in the State of Florida. I am Board Certified in Industrial Health and Public Health. I am also a certified "B" reader.

I have reviewed the x-ray and asbestos exposure history of the above named patient. It is my opinion to a reasonable degree of medical certainty, that the claimant has the following asbestos related conditions:

✓

bilateral interstitial lung disease related to his asbestos exposure,
or asbestosis-- patient's ILO B reading is 1/0 or greater
bilateral pleural plaques or pleural thickening related to his asbestos
exposure, or pleural disease
other: _____

6/2/95

Date

R. Than Myint, M.D.

OCCUPATIONAL MEDICINE & INDUSTRIAL HEALTH SERVICES

OCCUPATIONAL MEDICINE & INDUSTRIAL HEALTH SERVICES

5071 Savarese Circle • Tampa West Industrial Park • Tampa, Florida 33614

P.O. Box 15551 • Tampa, Florida 33684

Phone: (813) 885-1435 or 885-1436



WR GRACE-PIQ 000189-022

REDACTED

WORKER'S Social Security Number

--	--	--	--	--	--	--	--	--	--

TYPE OF READING

A	P
---	---

FACILITY IDENTIFICATION

--	--	--	--

1A. DATE OF X-RAY 06/19/95		1B. FILM QUALITY 1 2 3 4/5 If Not Grade 1 See Remarks Satisfactory Stadim		1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> COMPLETE 2B and 2C NO <input checked="" type="checkbox"/> PROCEED TO SECTION 3	
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3					
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY P S Q I R U b. ZONES R L c. PROFUSION		2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A B C PROCEED TO SECTION 3			
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input checked="" type="checkbox"/> PROCEED TO SECTION 4					
3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE OR L b. COSTOPHRENIC ANGLE SITE OR L		3C. PLEURAL THICKENING ... Chest Wall a. CIRCUMSCRIBED (plaque) SITE OR L IN PROFILE i. WIDTH 0 A B C ii. EXTENT 0 1 2 3 FACE ON iii. EXTENT 0 1 2 3 b. DIFFUSE SITE OR L IN PROFILE i. WIDTH 0 A B C ii. EXTENT 0 1 2 3 FACE ON iii. EXTENT 0 1 2 3			
3D. PLEURAL CALCIFICATION SITE OR L EXTENT a. DIAPHRAGM 0 1 2 3 b. WALL 0 1 2 3 c. OTHER SITES 0 1 2 3 PROCEED TO SECTION 4					
4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> COMPLETE 4B and 4C NO <input type="checkbox"/> PROCEED TO SECTION 5					
4B. OTHER SYMBOLS (OBLIGATORY) 0 ax bu ca cn co cp cv di ef em es fr <input checked="" type="checkbox"/> ho id ih kl pl px rd tb Report items which may be of present clinical significance in this section. (SPECIFY od.) OD Date Personal Physician notified? MONTH DAY YR					
4C. OTHER COMMENTS Date read 6/27/95 PH Client pulmonary tuberculosis SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROCEED TO SECTION 5					



AFFIDAVIT OF

Now comes being duly sworn, makes oath as follows:

1. I Have personal knowledge of he facts hereinafter set forth.
2. My date of birth is and my social security number is
3. This affidavit concerns my employment as a plantworker at Raymark Industries, Inc. formerly known as Raybestos-Manhattan in Stratford, Connecticut during the years approximately 1979 to 1982.
4. I the course of my employment I worked with and/or around asbestos and various asbestos-containing products and materials. I also worked alongside other tradesman such as insulators, plumbers, electricians, carpenters, etc. who were using asbestos and various asbestos-containing products while installing, repairing, or renovating the Raybestos-Manhattan plant in Stratford, CT.
5. I breathed air containing particles of dust arising from asbestos and asbestos-containing materials at these jobs.
6. This affidavit is not meant to be inclusive and may be supplemented in the future.

REDACTED

5/20/98
Date

REDACTED

STATE: CONNECTICUT
COUNTY OF: NEW HAVEN

Subscribed and sworn to before me on this 20th day of MAY, 1998.

Jean A. Daniels
Notary Public

My Commission Expires:

JEAN A. DANIELS
NOTARY PUBLIC

My Commission Expires November 30, 2000.



AFFIDAVIT OF JOSEPH SALEMI

Now comes Joseph Salemi being duly sworn, makes oath as follows:

1. I have personal knowledge of the facts hereinafter set forth.
2. My date of birth is 12/08/28 and my Social Security Number is 042-22-6348.
3. I have worked with and been exposed to asbestos and various asbestos-containing products throughout my employment as an insulator/asbestos worker, member of Local 33 during the years 1946 to 1991.
4. I worked with and/or around asbestos and various asbestos-containing products and materials. I also worked alongside other tradesmen such as insulators, plumbers, steamfitters, pipefitters, boilermakers, etc. who were using asbestos and various asbestos-containing products.
5. I breathed air containing particles of dust arising from asbestos and asbestos-containing materials at these jobsites.
6. I specifically recall using and/or being exposed to asbestos-containing products manufactured and/or distributed by W.R. Grace. I specifically recall working with and/or around High Temperature Insulating Cement and Zonolite High Temperature Cement at the following jobsite during the dates listed below:

Raymark Industries, Inc. formerly
Raybestos-Manhattan
Stratford, CT

1960 - 1963

7. This affidavit is not meant to be inclusive and may be supplemented in the future.

11/17/95
Date

Joseph Salemi
Joseph Salemi

STATE OF: CT

COUNTY OF: Middlesex

Subscribed and sworn to before me on this 17th day of November 1995.

Sandra E. Kristain
Notary Public
My Commission Expires: 12/31/99



JOBSITE	DEFENDANT	PRODUCT	YR	IDENTIFIER
Raybestos Manhattan Stratford, CT	WR GRACE	High temperature insulating cement	1960-63	J. Salemi
		Zonolite High temperature cement	1960-63	J. Salemi
		Zonolite Mono-kote MK-3	1969	W. Bannon
		Zonolite Spra-Tex	1969	W. Bannon
		High Temperature insulating cement	1950	J. Brangi
		Zonolite High Temperature cement	1950	J. Brangi



W.R. Grace Asbestos Personal Injury Questionnaire Objections

Part 5	<p>Claimant objects to all discovery sought by W.R. Grace with respect to any party against which claimant has filed a lawsuit or a claim alleging exposure to asbestos-containing products. Claimant objects because the request does not appear reasonably calculated to lead to the discovery of admissible evidence. Additionally, this request would unduly burden the claimant. Moreover, W.R. Grace improperly seeks to shift to the claimant the burden of proving its affirmative claims for contribution against other parties. Finally, the claimant further objects that such a request for information is vague and overly broad.</p>
Part 6	<p>Claimant objects to all discovery sought by W.R. Grace with respect to any party against which claimant has filed a lawsuit or a claim alleging exposure to asbestos-containing products. Claimant objects because the request does not appear reasonably calculated to lead to the discovery of admissible evidence. Additionally, this request would unduly burden the claimant. Moreover, W.R. Grace improperly seeks to shift to the claimant the burden of proving its affirmative claims for contribution against other parties. Finally, the claimant further objects that such a request for information is vague and overly broad.</p>
Part 7, Section A, Questions 4-7	<p>Claimant objects because the request does not seem reasonably calculated to lead to discovery of admissible evidence, and would unduly burden the claimant. Claimant objects to providing information to Part 7(a)(6), and object especially to the request for the amount of recovery by settlement with particular defendants. Settlements are a matter of private contract law, and are generally entered into with mutual assurance of confidentiality.</p>
Part 7, Section B, Questions 2-7	<p>Claimant objects because the request does not seem reasonably calculated to lead to discovery of admissible evidence, and would unduly burden the claimant.</p>

EARLY

LUDWICK

SWEENEY &

STRAUSS

ATTORNEYS AT LAW
An Association of Professional L.L.C.s

EARLY, LUDWICK & SWEENEY, L.L.C.
One Century Tower, 11th Floor
265 Church Street
P.O. Box 1866
New Haven, CT 06508-1866
(203) 777-7799 (Fax) (203) 785-1671
web site: www.elslaw.com
e-mail: els@elslaw.com

Please Reply to New Haven

JAMES F. EARLY*
LINDALEA P. LUDWICK**
ROBERT J. SWEENEY*
RON MICHAEL MENELO, L.L.C.†
ETHAN J. EARLY**
CHRISTOPHER MEISENKOTHE***
MICHAEL J. LUZZI††
BRIAN F. EARLY†††
JOHN E. DEATON***
JENNIFER R. LUCARELLI**
BRIAN P. KENNEY††
EDWARD H. BURKE*
MARK G. STRAUSS
Of Counsel

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New York, NY 10017
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e-mail: els@elslaw.com

JAMES F. EARLY*
MARK G. STRAUSS**
LINDALEA P. LUDWICK††
MARK BIBRO**
ETHAN J. EARLY**
BRIAN F. EARLY†††
BRENDAN M. DOYLE††
R. MICHAEL MENELO, Esq., L.L.C.
Of Counsel

* CT & NH Bar
** CT Bar
† CT & RI Bar
** NY, NJ, PA, DC, MO & IL Bar
† CT, MA & NY
** CT & NY Bar
† NY Bar
*** CT, NY, ME & GA Bar
*** IA, RI & MA Bar
†† CT, NY & CA Bar
†† CT, RI & MA Bar
†† NY, CA & DC Bar
† CT & MA Bar
* CT, FL & USDC



VIA FEDERAL EXPRESS

December 12, 2005

Rust Consulting, Inc.
Claims Processing Agent
RE: W.R. Grace & Co. Bankruptcy
201 S. Lyndale Ave.
Faribault, MN 55021

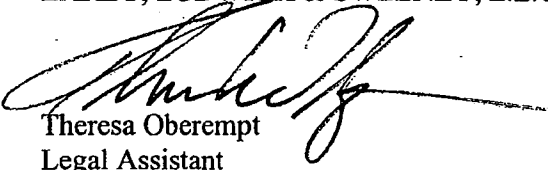
RE: W.R. Grace Asbestos Personal Injury Questionnaire

Dear Claims Processing Agent:

Pursuant to the requirements of the plan of reorganization for the W.R. Grace Trust, enclosed, please find the completed W.R. Grace Asbestos Personal Injury Questionnaires along with supporting documents for our clients on the attached list. This is in compliance with the January 12, 2006 deadline.

Thank you for your kind attention to this matter. If you should have any questions, please contact us at our New Haven office.

Sincerely,
EARLY, LUDWICK & SWEENEY, L.L.C.


Theresa Oberempt
Legal Assistant

/to
Enclosure

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W.R. Grace Claimants

**Box 1 Contains:**

Client Name	SS#	Jurisdiction
Acquaviva, Maurice J.	036-12-4631	Connecticut
Ahern, Michael	042-22-1674	New York
Ambrose, Paul	049-20-4402	Connecticut
Amenta, Sebastian	044-20-5238	Connecticut
Anderson, Harold F.	438-50-1240	Connecticut
Ariel, Alan	021-22-8801	New York
Augeri, Joseph	049-01-0611	Connecticut
Badamo, Albert	048-34-1428	New York
Bagge, Edward	023-32-3538	Connecticut
Battista, Emilio	128-28-1985	New York
Beckwith, Dorothy	046-12-7381	Connecticut
Beiro, Sandy	124-32-6725	New York
Belcher, Barbara	044-38-5323	Connecticut
Best, Leo	027-12-5165	Connecticut
Bigl, Wilfred	003-28-5376	Connecticut
Bily, John	044-24-8856	Connecticut
Birsén, Kenneth	326-26-8529	New York
Borsay, William J.	037-14-1659	Connecticut
Boyer, Paul A.	188-05-7150	New York
Boyle, John W.	123-40-3481	New York
Brewster, Jack	073-28-2703	New York
Breymayer, Gerhardt F.	046-20-5025	Connecticut
Brown, Fred	259-12-9849	New York
Brown, Henry H.	031-30-8268	Connecticut
Budinich, Richard E.	105-24-7755	New York
Bullock, Lawrence	237-70-8456	Connecticut
Bunnell, Michael	041-36-6507	Connecticut
Burbank, Stephen	045-34-7208	Connecticut
Byczek, Marion J.	119-22-4749	New York
Cafano, George	048-28-8271	Connecticut
Campbell, Charles J.	113-18-5130	New York
Campbell, Joseph E.	004-18-6922	Connecticut
Capece, William M.	037-16-0162	Connecticut
Carofano, Ralph Sr.	045-05-2841	Connecticut
Cassella, James	045-14-3030	Connecticut
Castellano, Joseph	040-18-1175	Connecticut
Celia, Sr., Francis J.	084-14-6520	Connecticut
Ceslik, Gene	045-42-5903	Connecticut
Chapman, Roger L.	284-34-0013	Connecticut
Christianson, Bernard	045-36-5251	Connecticut
Cirillo, Ralph	042-22-0552	Connecticut
Civitello, Jr., Alfred J.	047-50-8108	Connecticut
Clark, Raymond	049-16-0005	Connecticut
Cohen, Maurice W.	004-14-9358	Connecticut
Colavecchio, Donato	035-12-7548	Connecticut

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Collishaw, Richard	134-44-6198	New York
Concelmo, Joseph	040-34-0174	Connecticut
Condon, James G.	025-03-5778	Connecticut
Conroy, Eugene	047-20-6029	Connecticut
Convertito, Sr., Vincent	045-20-4701	Connecticut
Corcoran, James J.	134-28-4715	New York
Cornacchia, Antonio S.	044-32-1007	Connecticut
Corvo, Jr., Louis	049-36-3058	Connecticut
Coughanour, Frank	164-28-8427	New York
Coyne, Patrick	133-36-2335	New York
Crean, Thomas	046-16-5720	Connecticut
Crouch, James	309-28-3089	Connecticut
Damato, Alfred	024-12-1931	Connecticut
Depew, Allen	044-18-5713	Connecticut
Deslauriers, Mary L.	038-26-5590	Connecticut
DeVito, Roosevelt E.	041-10-4052	Connecticut
Dohoney, Jr., Edward	035-22-3437	Connecticut
Dupuis, Leo A.	016-18-6452	Connecticut
Dyer, Richard	038-22-1661	Connecticut
Eager, Ralph J.	020-14-9252	Connecticut
Eichelkraut, Gertrude C.	352-14-8694	Connecticut
Elliott, Richard Sr.	706-03-0402	Connecticut
Ereshena, Frank	049-18-4981	Connecticut
Fasolo, Frank	098-14-6605	Connecticut
Fecteau, Edward	009-12-2054	Connecticut
Feest, Edward	044-03-2283	Connecticut
Fessina, Antonio	122-32-9815	New York
Fitzgerald, Jean	048-24-7102	Connecticut
Fontanella, John	042-09-5014	Connecticut
Fraser, William	193-12-1717	Connecticut
French, Sr., James W.	046-20-5527	Connecticut
Garellick, Sam	131-22-8439	New York
Gehnrich, Charles A.	104-28-8757	New York
Genga, Albo	049-07-5783	Connecticut
George, Raymond	034-24-5859	Connecticut
Gervascio, Frank J.	044-12-9322	Connecticut
Giordano, Frank	093-14-4090	New York
Giunta, Joseph	040-30-9099	Connecticut
Goldberg, Stuart	112-12-8596	New York
Grady, Frederick	040-36-7919	Connecticut
Grandel, Joseph	041-12-8986	Connecticut
Gray, Martin J.	066-07-1586	New York
Guaglianone, Jr., Amedeo S.	048-18-0329	Connecticut
Gulick, Peter	049-44-5678	Connecticut
Guthrie, Joseph	049-24-9432	Connecticut
Hafner, Frank	060-09-0684	New York
Hajnal, Joseph	049-03-2666	Connecticut
Hall, Joseph D.	042-34-3635	Connecticut
Hampton, Nathaniel C.	147-20-4480	Connecticut
Hanlon, Sr., Edward M.	048-26-0342	Connecticut
Hansen, Raymond	015-32-8021	Connecticut

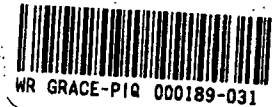


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RECEIVED OCT 14 2005

[illegible]

RECEIVED DEC 14 2005



ORIGIN ID: OXCA
203/777-7799
EARLY, LUDWICK & SWEENEY
FL 11 CENTURY TOWER
285 CHURCH ST
NEW HAVEN, CT 06510

CAD # 409110
DATE: 12DEC05
ACTUAL WGT: 34 LBS

PKGID: to-quest



FedEx Revenue Barcode

TO:
CLAIM PROCESSING AGENT
RUST CONSULTING, INC. 800-432-1909
201 S. LYNDAL AVE
FAIRBAULT, MN 55021



Delivery Address Barcode (FedEx EDR)

FedEx EXPRESS SAVER

CAD # 409110 12DEC05

TRK# 6915 1113 6429 FORM 0201

RST

THU
Deliver By:
15DEC05
AA


55021 -MN-US

L7 OWAA



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W. R. Grace Asbestos Personal Injury Questionnaire



10315607002960

RE:

Wartnick, Chaber, Harowitz & Tigerman
101 California Street, Suite 2200
San Francisco CA 94111

REDACTED

REC'D JAN 09 2006



001015002960



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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE



In re:) Chapter 11
)
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKE)
) Jointly Administered
Debtors.)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL
SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

INSTRUCTIONS**A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injury, property damage, or wrongful death that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will **not** be accepted and will **not** be deemed filed.

Do **not** send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I – Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II – Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.